

5-2  
5-43  
7-39  
X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 16155  
Registrar's No. 4496

FILED MAY 20 1944  
Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.  
(b) City or town Saint Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Anthony Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME

Emma C. Benish.

3. (b) If veteran,  
name war.

3. (c) Social Security  
No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married.  
6. (b) Name of husband or wife Frederick Benish 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased December 1st, 1892.  
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 11 If less than one day  
hr. min.

9. Birthplace Clayton Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business.

12. Name Fred Metzger  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Frederick Benish  
(b) Address 4147 Quincy Street.

17. (a) Burial (b) Date thereof May 16 - 1944.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Frederick Benish  
(b) Address 6409 Gravois Ave.

19. (a) MAY 15 1944 (b) F. Benish  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Saint Louis,  
(c) City or town 4147 Quincy Street.  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th,  
year 1944. hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 20, 1943, to May 12, 1944  
that I last saw him alive on May 10th, 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Hypertensive  
Cardiovascular - Renal disease  
Duration 5 yrs.

Due to 131  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations none  
Of autopsy none  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).  
(b) Date of occurrence.  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work? (e) Means of injury.  
23. Signature E. J. Brown (M. D. or other)  
Address 607 N. Grand Date signed 5/13/44

844

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**